

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/770,769
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		First Named Inventor Avishai Keren
		Group Art Unit 2623
		Confirmation Number 7768
		Examiner Name Van Handel, Michael P.
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ENCLOSURES (check all that apply)		
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Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT				
Signature	/Aaron C. Chatterjee/	Reg. No.	41,398	
Name of Attorney or Agent		Aaron C. Chatterjee		
Date	March 19, 2007	Tel.	(703-647-6572	Facsimile No. (425) 708-5046
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:		22971		